

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/555986** FILING DATE **17 AUG 2000**

APPLICANT(S) *C. VC.*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 1st Amendment *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2			/				52		/				
3			/				53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
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8				/			58						
9				/			59						
10				/			60						
11				/			61						
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13				/			63						
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15				/			65						
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38				/			88						
39			/				89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45			/				95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			45				TOTAL DEP.		7				
TOTAL CLAIMS			50				TOTAL CLAIMS		7				